

CITY OF MARION ILLINOIS
APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

ELECTRICIAN _____	PLUMBER _____																										
DATE _____																											
<i>IMPORTANT – Applicant to complete all items in sections: I, II, III, IV, and IX</i>																											
I. Location Of Building	At (Location) _____ Zoning _____ (No.) (Street) District _____ Between _____ and _____ (Cross Street) (Cross Street) Subdivision _____ Lot _____ Block _____ Lot Size _____																										
II. Type and Cost of Building – All applicants complete parts A – D																											
A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of unit in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only	D. PROPOSED USE – For “Wrecking” most recent use <table style="width: 100%;"> <tr> <td style="width: 50%;">Residential</td> <td style="width: 50%;">Nonresidential</td> </tr> <tr> <td>12 <input type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more family – Enter Number of units _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory – Enter number of units _____</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Other – Specify _____</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td>_____</td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td>_____</td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other Specify _____</td> </tr> </table>	Residential	Nonresidential	12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more family – Enter Number of units _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory – Enter number of units _____	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input type="checkbox"/> Other – Specify _____	23 <input type="checkbox"/> Hospital, institutional	_____	24 <input type="checkbox"/> Office, bank, professional	_____	25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School, library, educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other Specify _____
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B. OWNERSHIP 8 <input type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)																											
C. COST 10. Cost of improvement be installed but not included In the above cost a. Electrical..... b. Plumbing..... c. Heating, air conditioning..... d. Other (elevator, etc.)..... 11. TOTAL COST OF IMPROVEMENT.....	(Omit cents) \$ _____ _____ _____ _____ _____ \$ _____																										
III. SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete Parts E-L; for wrecking, complete only Part J, for all others skip to IV																											
E. PRINCIPAL TYPE OF FRAME 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural Steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other – Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)	J. DIMENSIONS 48. Number of stories..... 49. Total sq. ft. of floor area, all floors, based on exterior dimensions..... 50. Total land area, sq. ft.																									
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other – Specify _____	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed..... 52. Outdoors..... L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms..... 54. Number of bathrooms: Full..... Partial.....																									

IV. IDENTIFICATION – To be completed by all applicants			
Name		Mailing Address – Number, Street, City, State, Zip Code	Phone Number
1. Owner or Lessee			
2. Contractor			
Builder's License No.			
3. Architect or Engineer			
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.			
Signature of applicant:		Address:	Application Date:

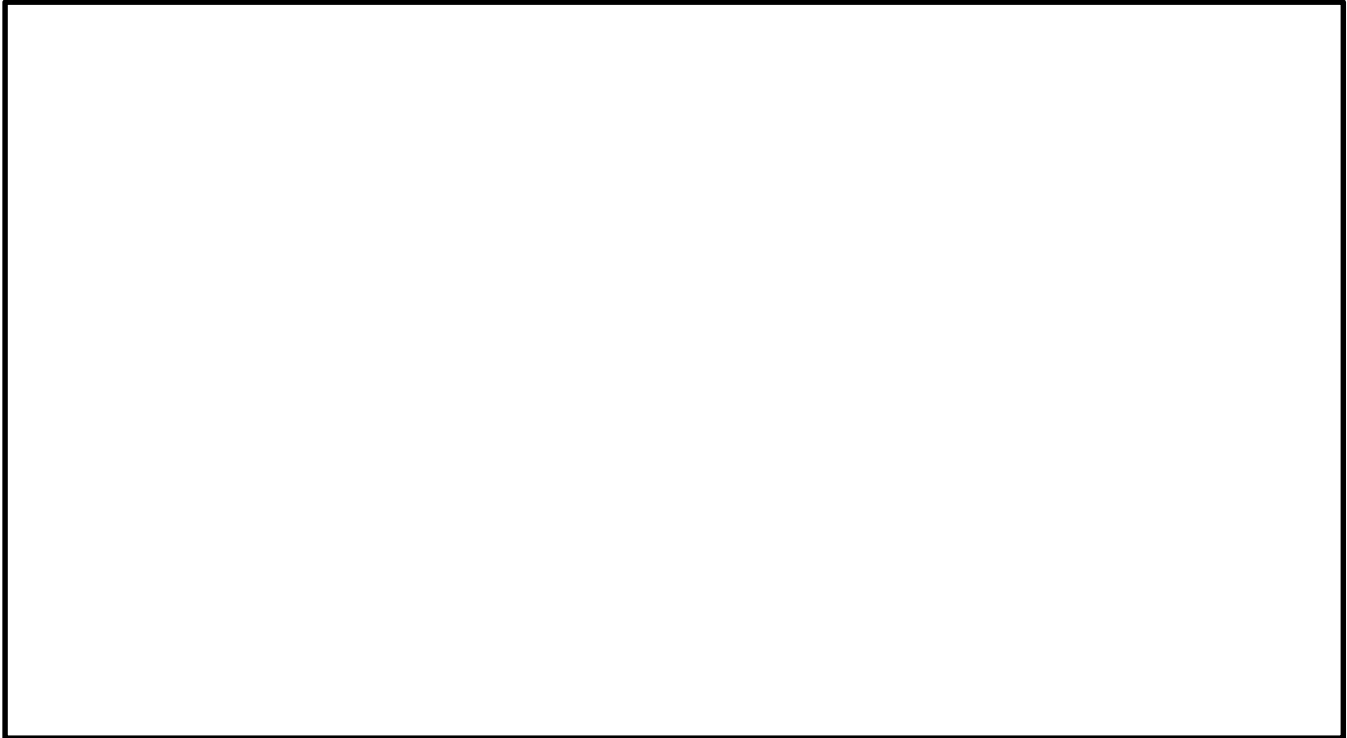
DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD – For office use							
Plans Review	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING							
PLUMBING							
MECHANICAL							
ELECTRICAL							
OTHER _____							

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS									
Permit Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER									
CURB OR SIDEWALK CUT									
ELEVATOR									
ELECTRICAL									
FURNACE									
GRADING									
OIL BURNER									
OTHER _____									

VII. VALIDATION	
Building Permit Number: _____	
Building Permit Issued: _____ 20_____	
Building Permit Fee: \$ _____	
Certificate of Occupancy \$ _____	
Drain Title \$ _____	
Plan Review Fee \$ _____	Approved by: _____
	Title: _____

CITY OF MARION
APPLICATION FOR ZONE CLEARANCE



PLOT PLAN

DATE RECEIVED _____ FEE _____ CHECK# _____

APPLICANT _____

ADDRESS _____

TELEPHONE # _____

OWNER _____

PRESENT ZONE DISTRICT CLASSIFICATION _____

PROPOSED USE _____

ADMINISTRATOR'S FINDING _____

SIGNATURE OF APPLICANT

ADMINISTRATOR

BUILDING PERMIT ACKNOWLEDGEMENT

THE UNDERSIGNED acknowledges that the basic purpose of the issuance of a building permit by the City of Marion is to allow the Building Inspector to check the applicable Zoning Regulations for the property where the building is to be constructed, renovated and/or repaired.

THE UNDERSIGNED further acknowledges that the issuance of a building permit by the City of Marion is not an indication, assurance, evidence or guarantee by the City of Marion that the building, location, building plans or any part thereof complies with any or all applicable State or Federal statutes, codes, rules or regulations.

THE UNDERSIGNED further acknowledges that it is the sole responsibility of the owner and/or builder of the building to be constructed, renovated or repaired to comply with all applicable local, State and Federal statutes, codes, rules and regulations, and that the City of Marion assumes no responsibility for such compliance.

APPLICANT